

# TRANSMITTAL FORM

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Application Serial Number	10/605,251
Filing Date	September 18, 2003
First Named Inventor	Ilia Geifman
Group Art Unit	1755
Examiner Name	David M. Brunsman
Attorney Docket No.	
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

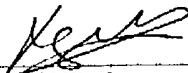
<input type="checkbox"/> Fec Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fcc Transmittal Form</li> </ul> <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]</li> </ul> <input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Copy of Notice of Draftsperson's Patent Drawing Review <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul>	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt with changes noted thereon.
<input checked="" type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input checked="" type="checkbox"/> Copies of IDS Citations</li> </ul> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>		

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**SIGNATURE BLOCK**

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